| □Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4 | | | | | | | | | | | | | | | | | |
|--|--|---|----------------------------|--|---|---------------|---|--|----------|--------------------|---------------------------------------|-----------------|----------|----------|------------------|------------|----------|
| | | | | | | | Critical Violations | | | | | | 1 | Date | 10/ | 10/16/2019 | |
| | Establishment Name As Authorized by 22 MRSA § 2496 FRATERNAL ORDER OF EAGLES #618 | | | | | | Non-Critical Violations | | | | | | 4 | Tim | | PM PM | _ |
| | | | | | | | d Food Protection Manager | | | | Υ | - | |) PM | _ | | |
| l | License Expiry Date/EST. ID# Address | | | | | | City | | | | Zip Code | | | | ephone | | |
| 12/28/2019 / 6923 1327 SABATTUS ST | | | | | | LEWISTO | | | | | | | _ | 207 | 7-786-6837 | | |
| License Type Owner Name | | | | | | Purpose of | | | of Ins | Inspection License | | | ted | | Risk Category | , | |
| MUN - EATING PLACE FRATERNAL ORDER OF E | | | | | | EAGLI Regular | | | r | Yo | | Yes | 3 | | | | |
| FOODBORNE ILLNESS RISK FA | | | | | | | CTORS AND PUE | | | | BLIC HEALTH INTERVENTIONS | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark"X" in appropriate box for COS and/or R IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | | | | | | | | |
| | IN: | =in complian | nce OUT=not in complia | ot app | t applicable COS=corrected on-site during inspection R=repe | | | | | | repeat violation | 1 | | | | | |
| Compliance Status | | | | | | | cos R Compliance Status | | | | | | cos | R | | | |
| Supervision | | | | | Potentially Hazardous Food Time/Temperature | | | | | B | _ | | | | | | |
| 1 | | IN PIC present, demonstrates knowledge, and performs duties | | | | | 16 | | | IN | Proper cooking | | | | | + | \vdash |
| | | | | loyee Health | | | 17 | | | IN | Proper reheating | | | | olding | + | \vdash |
| 2 | | IN | Management awarenes | | $\overline{}$ | П | 18 | — | | IN | Proper cooling | | | es | | + | \vdash |
| 3 | | IN | Proper use of reporting | g, restriction & exclusion | | 口 | 19 | — | | IN IN | Proper hot hold | | | | | - | \vdash |
| | | | | jienic Practices | | 耳 | 21 | | | IN | Proper cold hol Proper date ma | | | | | + | \vdash |
| 4 5 | | IN IN | | drinking, or tobacco use | + | Н | 22 | _ | | IN | Time as a publi | | | | ures & record | | \vdash |
| | | IN | No discharge from eyes | s, nose, and mouth Imination by Hands | _ | | - | - | | | <u> </u> | mer Advisory | . o pr | JUEU | a. co a recort | | H |
| 6 | | IN | Hands clean & properly | - | $\overline{}$ | П | Н | Т | | | Consumer advi | | d for ra | ow or | | | |
| H | | IIV | | with RTE foods or approved | + | Н | 23 | 3 | | IN | undercooked fo | | u 101 12 | aw Oi | | | |
| 7 | | IN | alternate method prope | • | | | | | | | Highly Susce | | tions | | | | |
| 8 | | IN | | g facilities supplied & accessible | + | Н | | | | INI | Pasteurized for | | | d foo | ds not | | |
| | | | | ed Source | | | 24 | 4 | | IN | offered | | | | | | |
| 9 | | IN | Food obtained from app | | Τ | П | | | | | | Chemical | | | | | |
| 10 | | IN | Food received at prope | | + | Н | 25 | 5 | | IN | Food additives: | : approved & | prope | rly us | sed | | |
| 11 | | IN | Food in good condition | · | + | Н | 26 | 6 | | IN | Toxic substanc | es properly i | dentifie | ed, st | tored & used | | |
| H | | | Required records avail | | + | H | | | | Co | nformance with | Approved Pr | ocedu | res | | | |
| 12 | | IN | parasite destruction | able. Silelistock tags | | | 27 | 丌 | | INI | Compliance wit | th variance. s | pecial | ized | process. | | |
| | | | Protection fr | om Contamination | | | 2' | Ή. | | IN | & HACCP plan | , | • | | | | |
| 13 | | OUT | Food separated & protected | | | П | | · _ | | | | | | | | | |
| 14 | | IN | | | | П | Risk Factors are improper practices or procedures identified as the most | | | | | | | | | | |
| \vdash | 15 IN Proper disposition of returned, previously served, | | | | | П | prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury. | | | | | | | | | | |
| reconditioned, & unsafe food | | | | | | | L | " | iterve | endons are | Control measures | s to prevent it | Jouboili | ie iiiii | ess or injury. | | |
| - | | | | GOOD F | RETA | IL I | PR/ | AC | TIC | ES | | | | | | | |
| | | | Good Retail Practices are | preventative measures to control the | additio | n of | path | noge | ens, c | hemicals, | and physical obje | cts into foods. | | | | | |
| Ма | rk "> | K" in box if n | umbered item is not in com | pliance Mark "X" in appropriate | box f | or CO | OS a | and/ | or R | COS= | corrected on-site | during inspec | tion | R=r | epeat violation | | |
| | | | | | cos | R | Т | | | | | | | | <u> </u> | cos | R |
| Cofe East and Water | | | | | | | | | | | Dronor I lo | e of Utensils | | | | ш | |
| Safe Food and Water | | | | | | | 4- | 4 Lik | . I | | | | | | | 1 1 | |
| 28 | 8 IN Pasteurized eggs used where required 9 IN Water & ice from approved source | | | | | Н | \vdash | 1 IN ว ∨ | _ | | sils: properly sto | | | االم | al 0 k = '' | + | _ |
| $\boldsymbol{\vdash}$ | - | Variance obtained for specialized processing methods | | | | Н | 42 | + | _ | | uipment, & liner | | | | - | + | Х |
| , , , | | | | | | Н | 43 | _ | | | & single-service | articles: pro | periy s | tored | a & usea | + | |
| | - | Dua :: - | Food Temperature (| | 1 | | 44 | 4 IN | v GI | | d properly | mont and 1/s- | dine | | | | |
| 31 | IN | temperatu | oling methods used; ade | quate equipment for | | | | T | Tr- | | Utensils, Equipr | | | | | _ | |
| 32 | IN | • | | holding | + | Н | 45 | 5 IN | N I | | -food contact su signed, constru | | abie, | | | | |
| $\boldsymbol{\vdash}$ | | | properly cooked for hot | nowing | + | Н | 14 | 6 11 | ÷ | | | | inca (| 2.1100 | d: tost stairs - | + | |
| ${}$ | IN Approved thawing methods used | | | | +- | Н | \vdash | 46 IN Warewashing facilities: installed, maintained, & used; test strips 47 X Non-food contact surfaces clean | | | | | | + | ٧, | | |
| 34 N Thermometers provided and accurate | | | | | | | 4, | <u> </u> | INC | on-100a cc | | | | | | | Х |
| Food Identification | | | | | | | 45 | o I in | ı Lu. | - | | al Facilities | | | | 1 | |
| 35 N Food properly labeled; original container | | | | | | Щ | 48 | - | _ | | water available; stalled; proper l | | | | | + | |
| Prevention of Food Contamination | | | | | _ | | \vdash | _ | _ | | | | | | | + | |
| 36 IN Insects, rodents, & animals not present 37 IN Contamination prevented during food preparation, storage & display | | | | | + | Н | 50 | + | Ť | | vaste water prop | | | 0. | looned | + | |
| - | IN Contamination prevented during food preparation, storage & display | | | | | Н | 51 N Toilet facilities: properly constructed, supplied, & cleaned | | | | | | | H | | | |
| | | | | | + | \vdash | 52 IN Garbage & refuse properly disposed; facilities maintained | | | | | | | | | | |
| 39 N Wiping cloths: properly used & stored 40 N Washing fruits & vegetables | | | | | + | \vdash | 53 | _ | ${}^{-}$ | | cilities installed, | | | | | + | |
| 40 N Washing fruits & vegetables 54 X Adequate ventilation & lighting; designated areas used | | | | | | | | | | sea | | | | | | | |
| Person in Charge (Signature) Date: 10/16/2019 Health Inspector (Signature) | | | | | | | | | | | | | | | | | |
| Health Inspector (Signature) LOUIS LACHANCE Follow-up: YES NO Date of Follow-up: | | | | | | | | | w-up: | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| State of Maine Health Inspection Report | | | | | | | | |
|---|-------------------------|-----------------|--------------------------|-----------------|------------------------|---------------------------|--|--|
| Establishment Name | | | As Authorized b | Date 10/16/2019 | | | | |
| FRATERNAL ORDER OF EAGLES # | 618 | | | - | | | | |
| License Expiry Date/EST. ID# 12/28/2019 / 6923 | Address 1327 SABATTU | S ST | City / State LEWISTON | / ME | Zip Code 04240-2115 | Telephone 207-786-6837 | | |
| | Te | emperati | ure Observat | ions | | | | |
| Location | Temperature | | | Notes | | | | |
| Beef patty | 36* | Deli cooler (to | pp) | | | | | |
| Milk | 37* | Walk in coole | r | | | | | |
| Water | 135* | Bar hand was | sh sink | | | | | |
| Hi temp dish | 180* + | Final rinse | | | | | | |
| Water | 130* | Kitchen 3 bay | rsink | | | | | |
| | | | | | | | | |

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 10/16/2019

State of Maine Health Inspection Report

Page 3 of 4

Date 10/16/2019

Establishment Name

FRATERNAL ORDER OF EAGLES #618

License Expiry Date/EST. ID# 12/28/2019 / 6923

Address 1327 SABATTUS ST

City / State LEWISTON

ME

Zip Code 04240-2115

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

13: 3-302.11.(A).(1).(A): N: Raw Ready-to-Eat food not protected from cross contamination from raw animal foods during storage, preparation, holding, or display.

INSPECTOR NOTES: Raw shell eggs held over RTE vegetables. Eggs should be stored below Ready to Eat Foods.**COS

42: 4-901.11.(A): N: Equipment and utensils not being dried properly.

INSPECTOR NOTES: **REPEAT** Clean glassware and utensils held on bar cloths. Use surface which allows for drainage and airflow.

47: 4-601.11.(C): C: Nonfood contact surfaces are not clean.

INSPECTOR NOTES: Heavy grease build up on shelving, walls and ceiling above counter top cooking equipment.

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: **REPEAT** Grease build up on surface of grill and prep table holding cooking equipment.

54: 6-501.14.(A): N: Ventilation not clean.

INSPECTOR NOTES: Large grease build up on screens of ventilation system. Hood system is overdue for professional cleaning. Have 3rd party professional clean ASAP and provide proof of service to Health Inspector.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 10/16/2019

State of Maine Health Inspection Report Page 4 of 4 10/16/2019 Date **Establishment Name** FRATERNAL ORDER OF EAGLES #618 License Expiry Date/EST. ID# **Address** Zip Code City / State 12/28/2019 /6923 1327 SABATTUS ST LEWISTON ME 04240-2115

Inspection Notes

Certified Food Protection Manager: Roland Belanger exp. 11/19/23

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy,

http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

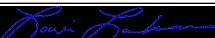
Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Date: 10/16/2019

Person in Charge (Signature)

Card Add 'I CAROL D. HERRIC

Health Inspector (Signature) LOUIS LACHANCE



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